

471-000-523 Nebraska Medicaid Practitioner Fee Schedule For Speech Pathology and Audiology Services

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Procedure Code	Modifier	SFY Non-Facility Rate	SFY Facility Rate	Comments
92506		\$54.54	\$16.03	
92507		\$33.39	\$13.92	
92551		\$12.98		
92552		\$12.98		
92553		\$18.55		
92555		\$9.28		
92556		\$18.55		
92557		\$40.81	\$37.91	
92559		\$12.98		
92560		\$7.42		
92561		\$14.84		
92562		\$5.56		
92563		\$5.56		
92564		\$5.56		
92565		\$5.56		
92567		\$12.46	\$10.73	
92568		\$7.42		
92570		\$14.84	\$13.99	
92571		\$5.56		
92572		\$5.94		
92575		\$5.94		
92576		\$5.94		
92577		\$5.94		
92579		\$25.97	\$23.81	
92582		\$11.13		
92583		\$11.13		
92584		\$50.08		
92585		\$111.30		
92585	26	\$22.26		
92586		\$100.17		
92586	26	\$18.55		
92587		\$44.52		
92587	26	\$11.13		

Procedure Code	Modifier	SFY Non-Facility Rate	SFY Facility Rate	Comments
92588		\$64.92		
92588	26	\$18.55		
92588	TC	\$46.38		
92590		\$40.81		
92591		\$61.22		
92592		\$14.84		
92593		\$22.26		
92594		\$14.84		
92595		\$22.26		
92596		\$22.26		
92597		\$77.91	\$46.20	
92601		\$65.67	\$59.56	
92602		\$45.63	\$38.56	
92603		\$43.41	\$39.15	
92604		\$28.94	\$25.03	
92605		BR		Requires Documentation
92606		BR		Requires Documentation
92607		\$61.59		
92608		\$13.36		

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